

Asbestos Application
Agency Name Change

Toxic Substances Control Division
Asbestos Licensing Section
800/572-5548 or 512/834-6610
Fax: 512-834-6644



FOR TDH USE ONLY:
BUDGET: ZZ112
FUND: 178

REMIT #: _____

For TDH Use Only:

Received Date: _____ Init. _____ Amt. Rcvd.: _____ Late Fee: 1.5 X 2 X

Postmark Date: _____ FY: _____ Pymt Type: _____ Remit Date: _____

Rvw. Date: _____ Init. _____ Last Doc. Rcvd. Date: _____

Aprv. Date: _____ Init. _____ Print Date: _____ Init. _____

Issue Date: _____ Init. _____ Mail Date: _____ Init. _____

MAIL APPLICATION TO: Texas Department of Health, Asbestos Program, PO Box 141097, Austin, Texas 78714-1097.

INSTRUCTIONS: This form must be completed and submitted, along with a **\$20.00** fee, to request a name change. Complete the required licensing information. Legal name of company must be identical to the name on your State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts and/or identical to the name of the company on file with the Secretary of State's Office. **DO NOT SEND CASH OR PERSONAL CHECKS.** A new license/registration certificate will be issued with the new name within three weeks of the Asbestos Licensing Program's receipt of your request.

PLEASE CHECK ONE OF THE FOLLOWING (SEE IMPORTANT INFORMATION BELOW AND COMPLETE THE BUSINESS INFORMATION FORM):

- ☐ SOLE OWNER / PROPRIETORSHIP ☐ LLP (Limited Liability Partnership) ☐ LLC (Limited Liability Company)
☐ LP (Limited Partnership) ☐ CORPORATION ☐ PARTNERSHIP ☐ DBA (Doing Business As)

Enter your current license/registration number: _____ Expiration Date: _____

OLD NAME:

Legal Business Name: _____ Telephone Number (include area code) _____

Business Mailing Address (include suite #) _____ City _____ State _____ Zip Code _____

NEW NAME: (send in legal documentation of name change.)

Legal Business Name: _____ Telephone Number (include area code) _____

Business Mailing Address (include suite #) _____ City _____ State _____ Zip Code _____

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any false information, or forged or fraudulent documents in order to obtain a license. All information I have provided in this application is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section to verify my identity.

Signature of Responsible Person

Date

Revised November 2003

Publication # F18-11692

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 522.023, 559.003 and 559.004)